Schedule E: In Kind Contributions

Sch-E

Committee Name Committee ID 6488		3	Filing Dat		1/19	9/2006		
Iowa Providers PAC				Adjusted Due Date				
					Filed Date		1/10/2006	
Committee Type Iowa PAC					Amended Date		1/3/2007	
Status Amended					Received Date			
Date Recieved	Name and Address of Contributor	Relationship to Candidate *(if applicable)	Description of in		Estimated Fair Market Value		"X" for Fund- Raiser	
9/5/2005	Iowa Association of Community Providers	N/A	Other Expenditure IACP fee for handling account		\$250.00			
	7025 Hickman Road, Suite 5							
	Des Moines, IA 50322							
1/10/2006	Iowa Association of Community Providers	N/A	Professional Fees		\$250.00			
	7025 Hickman Road, Suite 5		In kind					
	Des Moines, IA 50322							
10/16/2006	Iowa Association of Community Providers	N/A	Professio	nal Fees	\$25	0.00		
	7025 Hickman Road, Suite 5		Reimbursement for staff time to administ					
	Des Moines, IA 50322							
12/3/2006	Iowa Association of Community Providers	N/A	Professio	nal Fees	\$25	0.00		
	7025 Hickman Road, Suite 5			ement for to administ				
	Des Moines, IA 50322							
11/3/2007	Iowa Association of Community Providers	N/A	Professio	nal Fees	\$25	0.00		
	7025 Hickman Road, Suite 5			ement for to administ				
	Des Moines, IA 50322							

Schedule E: In Kind Contributions

Sch-E

Committee Name C		ommittee ID 6488		Filing Date			1/19/2006	
Iowa Providers PAC					Adjusted Due Date			
					Filed Date			
Committee Type Iowa PAC				Amended Date			1/3/2007	
Status Amended					Date		-	
Date Recieved	Name and Address of Contributor	Relationship to Candidate *(if applicable)	Descript Kind Co	tion of In ntribution	Estimated Fair Mark Value	d et	"X" for Fund- Raiser	

\$1,250.00